

B 5 (Official Form 5) (12/07)

UNITED STATES BANKRUPTCY COURT Southern District of Texas		INVOLUNTARY PETITION
IN RE (Name of Debtor – If Individual: Last, First, Middle) Amerejuve, Inc.		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.):		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 2500 West Loop South, Suite 360 Houston, Texas 77027		MAILING ADDRESS OF DEBTOR (If different from street address) <div style="text-align: right;">ZIP CODE</div>
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Harris County, Texas <div style="text-align: right;">ZIP CODE 77027</div>		
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11 </div>		
INFORMATION REGARDING DEBTOR (Check applicable boxes)		
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____ </div> <div style="width: 35%;"> Nature of Business (Check one box.) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other </div> </div>	
VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.	FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>	
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)		
Name of Debtor	Case Number	Date
Relationship	District	Judge
ALLEGATIONS (Check applicable boxes) 1. <input checked="" type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; <div style="text-align: center;">or</div> b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		COURT USE ONLY

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Name of Debtor Amerejuve, Inc.

Case No. _____

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x _____
Signature of Petitioner or Representative (State title)
Richard K. Vanik, MD

Name of Petitioner _____ Date Signed _____
7777 Southwest Fwy, Suite 500
Houston, Texas 77074

Name & Mailing _____
Address of Individual _____
Signing in Representative _____
Capacity _____

x _____ Date _____
Signature of Attorney
Lionel M. Schooler, Jackson Walker LLP

Name of Attorney Firm (If any) _____
1401 McKinney, Suite 1900, Houston, TX 77010

Address _____
(713) 752-4200

Telephone No. _____

x _____
Signature of Petitioner or Representative (State title)
Molloy Corporation, d/b/a PXP Printing

Name of Petitioner _____ Date Signed _____

Name & Mailing _____ Mr. Tad Molloy, Owner and President
Address of Individual _____ 9000 Southwest Freeway, Suite 320
Signing in Representative _____ Houston, Texas 77074
Capacity _____

x _____ Date _____
Signature of Attorney

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

x _____
Signature of Petitioner or Representative (State title)
Texas Anesthesiology Consultants of Texas, PLLC

Name of Petitioner _____ Date Signed _____

Name & Mailing _____ Dr. Harold Adams, President
Address of Individual _____ 1075 Kingwood Drive, Suite 150
Signing in Representative _____ Kingwood, Texas 77339
Capacity _____

x _____ Date _____
Signature of Attorney

Name of Attorney Firm (If any) _____

Address _____

Telephone No. _____

PETITIONING CREDITORS

Name and Address of Petitioner Richard K. Vanik, MD (see above address)	Nature of Claim Services rendered / non-contingent indemnity obligation	Amount of Claim at least \$50,000
Name and Address of Petitioner Molloy Corporation, d/b/a PXP Printing (see above address)	Nature of Claim trade payable	Amount of Claim at least \$8,607.39
Name and Address of Petitioner Texas Anesthesiology Consultants of Texas, PLLC (see above address)	Nature of Claim trade payable	Amount of Claim at least \$17,000.00
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims \$75,607.39

_____ continuation sheets attached